

# Electronic Filing Instructions for your 2017 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Nicole I Mattiace  
186 Locust Street, Apt. PVT  
Floral Park, NY 11001

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$2,056.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2018. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return
<b>2017 Federal Tax Return Summary</b>	Adjusted Gross Income \$ 49,969.00 Taxable Income \$ 39,569.00 Total Tax \$ 5,633.00 Total Payments/Credits \$ 7,689.00 Amount to be Refunded \$ 2,056.00 Effective Tax Rate 11.27%



**Tax History Report**

► Keep for your records

**2017**

Name(s) Shown on Return

Nicole I Mattiace

	<b>Five Year Tax History:</b>				
	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Filing status . . . . .	Single	Single	Single	Single	Single
Total income . . . . .	28,674.	52,301.	47,308.	54,307.	49,969.
Adjustments to income				1,617.	
Adjusted gross income	28,674.	52,301.	47,308.	52,690.	49,969.
Tax expense . . . . .	1,172.	2,603.	2,425.	2,838.	2,534.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	6,100.	6,200.	6,300.	6,300.	6,350.
Exemption amount . .	3,900.	3,950.	4,000.	4,050.	4,050.
Taxable income . . . . .	18,674.	42,151.	37,008.	42,340.	39,569.
Tax. . . . .	2,355.	6,400.	5,093.	6,353.	5,633.
Alternative min tax . .					
Total credits . . . . .	200.				
Other taxes . . . . .					
Payments . . . . .	3,610.	8,316.	7,465.	8,817.	7,689.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .	1,455.	1,916.	2,372.	2,464.	2,056.
Effective tax rate % . . . . .	7.52	12.24	10.77	12.06	11.27
**Tax bracket % . . . . .	15.0	25.0	15.0	25.0	25.0

\*\*Tax bracket % is based on Taxable income.

# Healthcare Entry Sheet

2017

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
  - not covered by employer
  - months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

		Short Gap Eligible* Yes No											
a. Name of covered individual(s)		Covered all 12 months											
b. SSN	c. DOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Nicole	Mattiace	Short gap: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>				
065-78-1145	05/14/90	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>				
2		Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3		Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
4		Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
5		Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
6		Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the

Check this box once you are finished with all the healthcare related entries.

# Tax Payments Worksheet

2017

► Keep for your records

Name(s) Shown on Return <u>Nicole I Mattiace</u>	Social Security Number <u>065-78-1145</u>
-----------------------------------------------------	----------------------------------------------

## Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/18/17		04/18/17			04/18/17		
2 06/15/17		06/15/17			06/15/17		
3 09/15/17		09/15/17			09/15/17		
4 01/16/18		01/16/18			01/16/18		
5							
6							
7							
8 Tot Estimated Payments . . . . .							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2017 . . . . .					
7 Credited by estates and trusts . . . . .					
8 Totals Lines 1 through 7 . . . . .					
9 2017 extensions . . . . .					

Taxes Withheld From:	Federal		State		Local	
10 Forms W-2 . . . . .	7,689.		2,534.			
11 Forms W-2G . . . . .						
12 Forms 1099-R . . . . .						
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .						
14 Schedules K-1 . . . . .						
15 Forms 1099-INT, DIV and OID . . . . .						
16 Social Security and Railroad Benefits . . . . .						
17 Form 1099-B . . . . .	St	Loc				
18 a Other withholding . . . . .	St	Loc				
b Other withholding . . . . .	St	Loc				
c Other withholding . . . . .	St	Loc				
d Positive Adjustment . . . . .	St	Loc				
e Negative Adjustment . . . . .	St	Loc				
f Additional Medicare Tax . . . . .						
19 Total Withholding Lines 10 through 18f . . . . .	7,689.		2,534.			
20 Total Tax Payments for 2017 . . . . .	7,689.		2,534.			

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2016 extensions . . . . .				
22 2016 estimated tax paid after 12/31/2016 . . . . .				
23 Balance due paid with 2016 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

# Federal Carryover Worksheet

2017

► Keep for your records

Name(s) Shown on Return Nicole I Mattiace	Social Security Number 065-78-1145
----------------------------------------------	---------------------------------------

## 2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,838.		142.	
<b>Totals . .</b>			<b>2,838.</b>		<b>142.</b>	

## 2016 State Extension Information

(a) State	(b) Paid With Extension

## 2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

## 2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

## 2016 State Taxes Due Information

(a) State	(e) Paid With Return

## 2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2016 State Refund Applied Information

(a) State	(g) Applied Amount

## 2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	2,838.	142.

## 2016 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Nicole I Mattiace065-78-1145

Other Tax and Income Information		2016	2017
1 Filing status . . . . .	1	1 Single	1 Single
2 Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3 Itemized deductions . . . . .	3	2,838.	2,534.
4 Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income . . . . .	5	52,690.	49,969.
6 Tax liability for Form 2210 or Form 2210-F . . . . .	6	6,353.	5,633.
7 Alternative minimum tax . . . . .	7		
8 Federal overpayment applied to next year estimated tax . . . . .	8		

**QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►**

Excess Contributions		2016	2017
9 a Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b Spouse's excess HSA contributions as of 12/31 . . . . .	b		
Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a Short-term capital loss. . . . .	12 a		
b AMT Short-term capital loss . . . . .	b		
13 a Long-term capital loss . . . . .	13 a		
b AMT Long-term capital loss . . . . .	b		
14 a Net operating loss available to carry forward . . . . .	14 a		
b AMT Net operating loss available to carry forward . . . . .	b		
15 a Investment interest expense disallowed . . . . .	15 a		
b AMT Investment interest expense disallowed . . . . .	b		
16 Nonrecaptured net Section 1231 losses from:	a b c d e f	2017 . . . 2016 . . . 2015 . . . 2014 . . . 2013 . . . 2012 . . .	16 a b c d e f
17 AMT Nonrecap'd net Sec 1231 losses from:	a b c d e f	2017 . . . 2016 . . . 2015 . . . 2014 . . . 2013 . . . 2012 . . .	17 a b c d e f

Nicole I Mattiace

065-78-1145

Credit Carryovers				2016	2017
18 General business credit . . . . .		18			
19 Adoption credit from:	a 2017 . . . . .	19a			
	b 2016 . . . . .	b			
	c 2015 . . . . .	c			
	d 2014 . . . . .	d			
	e 2013 . . . . .	e			
	f 2012 . . . . .	f			
20 Mortgage interest credit from:	a 2017 . . . . .	20a			
	b 2016 . . . . .	b			
	c 2015 . . . . .	c			
	d 2014 . . . . .	d			
21 Credit for prior year minimum tax . . . . .		21			
22 District of Columbia first-time homebuyer credit . . . . .		22			
23 Residential energy efficient property credit . . . . .		23			

Other Carryovers				2016	2017
24 Section 179 expense deduction disallowed . . . . .		24			
25 Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46) . . . . .	25a			
	b Taxpayer (Form 2555, line 48) . . . . .	b			
	c Spouse (Form 2555, line 46) . . . . .	c			
	d Spouse (Form 2555, line 48) . . . . .	d			

**Charitable Contribution Carryovers**

26 2016 Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2016 . . . . .				
b 2015 . . . . .				
c 2014 . . . . .				
d 2013 . . . . .				
e 2012 . . . . .				

27 2017 Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2017 . . . . .				
b 2016 . . . . .				
c 2015 . . . . .				
d 2014 . . . . .				
e 2013 . . . . .				

28 Amount overpaid less earned income credit. . . . . 2,464.

**2016 State Capital Loss Carryovers** (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

# Electronic Filing Instructions for your 2017 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



NICOLE I MATTIACE  
186 LOCUST STREET PVT  
Floral Park, NY 11001

<b>Balance Due/Refund</b>	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$39.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
<b>Where's My Refund?</b>	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at <a href="https://www.tax.ny.gov/">https://www.tax.ny.gov/</a> .
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns
<b>2017 New York Tax Return Summary</b>	Taxable Income \$ 43,926.00 Total Tax \$ 2,495.00 Total Payments/Credits \$ 2,534.00 Amount to be Refunded \$ 39.00



## Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ...

17

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your social security number
NICOLE	I	MATTIACE		05141990	065781145
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)				Apartment number	New York State county of residence
186 LOCUST STREET				PVT	NASSAU
City, village, or post office		State	ZIP code	Country (if not United States)	
FLORAL PARK		NY	11001	FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)				Apartment number	School district name
					FLORAL PARK-BELLEROSE
					School district code number ..... 195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY		Decedent information	

**A Filing status**      ①  Single

- (mark an X in one box):
- ②  Married filing joint return  
(enter spouse's social security number above)
  - ③  Married filing separate return  
(enter spouse's social security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er) with dependent child

**B Did you itemize** your deductions on your 2017 federal income tax return? ..... Yes  No **C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No **D1** Did you have a financial account located in a foreign country? (see page 14) ..... Yes  No **D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 14) ..... Yes  No   
 (2) Enter the amount ...  .00

**D3** Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) ..... Yes  No 

- E** (1) Did you or your spouse maintain living quarters in NYC during 2017? (see page 14) .. Yes  No   
 (2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day)

**F NYC residents and NYC part-year residents only** (see page 14):

- (1) Number of months you lived in NYC in 2017   
 (2) Number of months your spouse lived in NYC in 2017

**G** Enter your 2-character special condition code(s) if applicable (see page 14)  **H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. 

201001171555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
065781145

**Federal income and adjustments** (see page 15)

- 1 Wages, salaries, tips, etc. ....
- 2 Taxable interest income .....
- 3 Ordinary dividends .....
- 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*) .....
- 5 Alimony received .....
- 6 Business income or loss (*submit a copy of federal Schedule C or C-EZ, Form 1040*) .....
- 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*) .....
- 8 Other gains or losses (*submit a copy of federal Form 4797*) .....
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ...
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*) .....
  
- 12 Rental real estate included in line 11 ..... **12** .00
- 13 Farm income or loss (*submit a copy of federal Schedule F, Form 1040*) .....
- 14 Unemployment compensation .....
- 15 Taxable amount of social security benefits (*also enter on line 27*) .....
- 16 Other income (see page 15) *Identify:*
  
- 17 Add lines 1 through 11 and 13 through 16 .....
- 18 Total federal adjustments to income (see page 15) *Identify:*
  
- 19 **Federal adjusted gross income** (*subtract line 18 from line 17*) .....

Whole dollars only

<b>1</b>	49969 .00
<b>2</b>	.00
<b>3</b>	.00
<b>4</b>	.00
<b>5</b>	.00
<b>6</b>	.00
<b>7</b>	.00
<b>8</b>	.00
<b>9</b>	.00
<b>10</b>	.00
<b>11</b>	.00
<b>12</b>	.00
<b>13</b>	.00
<b>14</b>	.00
<b>15</b>	.00
<b>16</b>	.00
<b>17</b>	49969 .00
<b>18</b>	.00
<b>19</b>	49969 .00

**New York additions** (see page 16)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) .....
- 22 **New York's** 529 college savings program distributions (see page 16) .....
- 23 Other (Form IT-225, line 9) .....
- 24 Add lines 19 through 23 .....

<b>20</b>	.00
<b>21</b>	1957 .00
<b>22</b>	.00
<b>23</b>	.00
<b>24</b>	51926 .00

**New York subtractions** (see page 17)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (*from line 4*) .....
- 26 Pensions of NYS and local governments and the federal government (see page 17) .....
- 27 Taxable amount of social security benefits (*from line 15*) ....
- 28 Interest income on U.S. government bonds .....
- 29 Pension and annuity income exclusion (see page 18) .....
- 30 **New York's** 529 college savings program deduction/earnings .....
- 31 Other (Form IT-225, line 18).....
- 32 Add lines 25 through 31 .....
- 33 **New York adjusted gross income** (*subtract line 32 from line 24*) .....

<b>25</b>	.00
<b>26</b>	.00
<b>27</b>	.00
<b>28</b>	.00
<b>29</b>	.00
<b>30</b>	.00
<b>31</b>	.00



<b>32</b>	.00
<b>33</b>	51926 .00

**Standard deduction or itemized deduction** (see page 20)

- 34 Enter your **standard deduction** (*table on page 20*) or your **itemized deduction** (*from Form IT-201-D*)  
Mark an **X** in the appropriate box:  **Standard** - or -  **Itemized**
- 35 Subtract line 34 from line 33 (*if line 34 is more than line 33, leave blank*) .....
- 36 Dependent exemptions (*enter the number of dependents listed in item H; see page 20*) .....
- 37 **Taxable income** (*subtract line 36 from line 35*) .....

<b>34</b>	8000 .00
<b>35</b>	43926 .00
<b>36</b>	<b>000.00</b>
<b>37</b>	43926 .00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your social security number
NICOLE I MATTIACE	065781145

**Tax computation, credits, and other taxes**

38 Taxable income (from line 37 on page 2) .....	38	43926 .00
39 NYS tax on line 38 amount (see page 21) .....	39	2495 .00
40 NYS household credit (page 21, table 1, 2, or 3) .....	40	.00
41 Resident credit (see page 22) .....	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42 .....	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	44	2495 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30) .....	45	.00
<b>46 Total New York State taxes (add lines 44 and 45) .....</b>	<b>46</b>	<b>2495 .00</b>

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

47 NYC resident tax on line 38 amount (see page 22).....	47	.00
48 NYC household credit (page 22, table 4, 5, or 6) .....	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	49	.00
50 Part-year NYC resident tax (Form IT-360.1) .....	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34) .....	51	.00
52 Add lines 49, 50, and 51 .....	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	54	.00
<b>54a MCTMT net earnings base....</b>	<b>54a</b>	<b>.00</b>
<b>54b MCTMT .....</b>	<b>54b</b>	<b>.00</b>
55 Yonkers resident income tax surcharge (see page 25) ....	55	.00
56 Yonkers nonresident earnings tax (Form Y-203) .....	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
<b>58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) .....</b>	<b>58</b>	<b>.00</b>
<b>59 Sales or use tax (see page 26; do not leave line 59 blank) .....</b>	<b>59</b>	<b>0 .00</b>

**Voluntary contributions** (see page 27)

60a Return a Gift to Wildlife .....	60a	.00
60b Missing/Exploited Children Fund .....	60b	.00
60c Breast Cancer Research Fund .....	60c	.00
60d Alzheimer's Fund .....	60d	.00
60e Olympic Fund (\$2 or \$4; see page 27) .....	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund ..	60f	.00
60g 9/11 Memorial .....	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund .....	60h	.00
60i Teen Health Education .....	60i	.00
60j Veterans Remembrance .....	60j	.00
60k Homeless Veterans .....	60k	.00
60l Mental Illness Anti-Stigma Fund .....	60l	.00
60m Women's Cancers Education and Prevention Fund .....	60m	.00
60n Autism Fund .....	60n	.00
60o Veterans' Homes .....	60o	.00
<b>60 Total voluntary contributions (add lines 60a through 60o) .....</b>	<b>60</b>	<b>.00</b>
<b>61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....</b>	<b>61</b>	<b>2495 .00</b>

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



See instructions on  
pages 22 through 25 to  
compute New York City and  
Yonkers taxes, credits, and  
surcharges, and MCTMT.



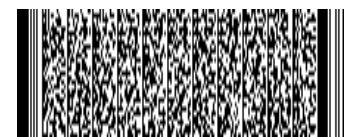
62 Enter amount from line 61 .....

62

2495 .00

**Payments and refundable credits** (see pages 28 through 31)

63 Empire State child credit .....	63	.00
64 NYS/NYC child and dependent care credit .....	64	.00
65 NYS earned income credit (EIC) .....	65	.00
66 NYS noncustodial parent EIC .....	66	.00
67 Real property tax credit .....	67	.00
68 College tuition credit .....	68	.00
69 NYC school tax credit (fixed amount) ( <i>also complete F on page 1</i> )	69	.00
69a NYC school tax credit (rate reduction amount) .....	69a	.00
70 NYC earned income credit .....	70	.00
70a NYC enhanced real property tax credit .....	70a	.00
71 Other refundable credits ( <i>Form IT-201-ATT, line 18</i> ) .....	71	.00
72 Total New York State tax withheld .....	72	2534 .00
73 Total New York City tax withheld .....	73	.00
74 Total Yonkers tax withheld .....	74	.00
75 Total estimated tax payments <b>and</b> amount paid with Form IT-370	75	.00



If applicable, complete **Form(s) IT-2** and/or **IT-1099-R** and submit them with your return (see page 12).

**Do not send federal Form W-2 with your return.**

76 **Total payments** (add lines 63 through 75) .....

76 2534 .00

**Your refund, amount you owe, and account information** (see pages 31 through 34)77 **Amount overpaid** (*if line 76 is more than line 62, subtract line 62 from line 76*) .....

77 39 .00

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit to checking or  
 savings account (fill in line 83) - or -  paper check .....

78 39 .00

79 Amount of line 77 that you want applied to your  
2018 estimated tax (see instructions) .....

79 .00

79a Amount of line 77 that you want as a NYS 529 account  
deposit (*submit Form IT-195*) .....

79a .00

80 Amount you **owe** (*if line 76 is less than line 62, subtract line 76 from line 62*). To pay by electronic  
funds withdrawal, mark an **X** in the box  and fill in lines 83 and 84. If you pay by check  
or money order you **must** complete Form IT-201-V and mail it with your return. ....

80 .00

81 Estimated tax penalty (*include this amount in line 80 or  
reduce the overpayment on line 77; see page 32*) .....

81 .00

82 Other penalties and interest (see page 32) .....

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 33).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 33) 83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings83b Routing number 83c Account number 84 Electronic funds withdrawal (see page 33) .... Date  Amount  .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number (        )	Personal identification number (PIN)
E-mail:			

<b>Paid preparer must complete</b> (see instructions)		Preparer's NYTPRIN excl. code
Preparer's signature	Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN
Address		Employer identification number
		Date
E-mail:		

<b>Taxpayer(s) must sign here</b>	
Your signature	
Your occupation MENTAL HEALTH AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 516 ) 488-7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004171555


**NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM**



Department of Taxation and Finance  
**Summary of W-2 Statements**  
 New York State • New York City • Yonkers

REV 11/13/17 TTW

**IT-2**

**Do not detach or separate** the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

**W-2 Record 1**

**Box a** Employee's social security number for this W-2 Record

065781145
Box b Employer identification number (EIN)
146013200

**Box 1** Wages, tips, other compensation

49969.00
----------

**Box 8** Allocated tips

.00
-----

**Box 10** Dependent care benefits

.00
-----

**Box 11** Nonqualified plans

.00
-----

**Box c Employer's information****Employer's name**

STATE OF NEW YORK

**Employer's address (number and street)**

110 STATE STREET

City	State	ZIP code	Country (if not United States)
ALBANY	NY	12207	

**Box 12a** Amount

8647.00
---------

Code

D   D
-------

**Box 14a** Amount

1957.00
---------

Description

414HSUB
---------

**Box 12b** Amount

6996.00
---------

Code

E   E
-------

**Box 14b** Amount

.00
-----

Description

--

**Box 12c** Amount

.00
-----

Code

--

**Box 14c** Amount

.00
-----

Description

--

**Box 12d** Amount

.00
-----

Code

--

**Box 14d** Amount

.00
-----

Description

--

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c) 

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

N   Y
-------

49969.00

**Box 17a** NYS income tax withheld

2534.00
---------

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

--

.00

**Box 17b** Other state income tax withheld

.00
-----

**NYC and Yonkers**  
information (see instr.):

Locality a

.00
-----

Locality b

.00
-----

**Box 18** Local wages, tips, etc.**Box 19** Local income tax withheld**Box 20** Locality name

**Do not detach.**

**W-2 Record 2**

**Box a** Employee's social security number for this W-2 Record

--

**Box b** Employer identification number (EIN)

--

**Box 1** Wages, tips, other compensation

.00
-----

**Box 8** Allocated tips

.00
-----

**Box 10** Dependent care benefits

.00
-----

**Box 11** Nonqualified plans

.00
-----

**Box c Employer's information****Employer's name**


**Employer's address (number and street)**

City	State	ZIP code	Country (if not United States)

**Box 12a** Amount

.00
-----

Code

--

**Box 14a** Amount

.00
-----

Description

--

**Box 12b** Amount

.00
-----

Code

--

**Box 14b** Amount

.00
-----

Description

--

**Box 12c** Amount

.00
-----

Code

--

**Box 14c** Amount

.00
-----

Description

--

**Box 12d** Amount

.00
-----

Code

--

**Box 14d** Amount

.00
-----

Description

--

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c) 

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

N   Y
-------

.00

**Box 17a** NYS income tax withheld

.00
-----

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

--

.00

**Box 17b** Other state income tax withheld

.00
-----

**NYC and Yonkers**  
information (see instr.):

Locality a

.00
-----

Locality b

.00
-----

**Box 18** Local wages, tips, etc.**Box 19** Local income tax withheld**Box 20** Locality name

102001171555



NO HANDWRITTEN ENTRIES ON THIS FORM

**Two-Year Comparison**

**2017**

Name as Shown on Return <b>NICOLE I MATTIACE</b>	Social Security No. <b>065-78-1145</b>		
	<b>2016</b>	<b>2017</b>	<b>Difference</b>
			<b>%</b>
<b>Federal Adjusted Gross Income</b>	<b>52,690.</b>	<b>49,969.</b>	<b>-2,721.</b>
<b>New York Additions</b>			
State and local interest income . . . . .			
Public employee 414(h) retirement contributions . . . . .	2,300.	1,957.	-343.
New York's 529 college savings program distributions . . . . .			
Other New York additions . . . . .			
<b>Total New York Additions</b> . . . . .	<b>2,300.</b>	<b>1,957.</b>	<b>-343.</b>
<b>New York Subtractions</b>			
State tax refund . . . . .			
Government pension exclusion . . . . .			
Taxable social security benefits . . . . .			
U.S. government interest income . . . . .			
Pension and annuity income exclusion . . . . .			
New York's 529 college savings program deductions/earnings . . . . .			
Other New York subtractions . . . . .			
<b>Total New York Subtractions</b> . . . . .	<b>54,990.</b>	<b>51,926.</b>	<b>-3,064.</b>
<b>New York Adjusted Gross Income</b> . . . . .	<b>54,990.</b>	<b>51,926.</b>	<b>-3,064.</b>
Standard or Itemized Deduction . . . . .	7,950.	8,000.	50.
Dependent exemptions . . . . .			
<b>New York Taxable Income</b> . . . . .	<b>47,040.</b>	<b>43,926.</b>	<b>-3,114.</b>
New York State tax . . . . .	2,696.	2,495.	-201.
New York State nonrefundable credits . . . . .			
Other New York State taxes . . . . .			
Total New York State taxes . . . . .	2,696.	2,495.	-201.
New York City taxes . . . . .			
Yonkers City taxes . . . . .			
Use tax . . . . .	0.	0.	0.
Voluntary gifts/contributions . . . . .			
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	<b>2,696.</b>	<b>2,495.</b>	<b>-201.</b>
Withholding . . . . .	2,838.	2,534.	-304.
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .			
Refundable credits . . . . .	200.		-200.
<b>Total payments and refundable credits</b> . . . . .	<b>3,038.</b>	<b>2,534.</b>	<b>-504.</b>
Underpayment penalty . . . . .			
Applied to next year's estimated tax . . . . .			
<b>Refund</b> . . . . .	<b>342.</b>	<b>39.</b>	<b>-303.</b>
<b>Balance Due</b> . . . . .	<b></b>	<b></b>	<b>-88.60</b>